

Name
in
FullAgnes Irene Aument
Eck Mills Tenn
County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1907

Month

10

Day

2

Age

Years

—

Months

2

Days

11

Sex

Occupation

Color or
RaceWhere Residing if not
at place of deathBirth-
placeMarried, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
InformationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

105

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

981



Name
in
Full

CERTIFICATE OF DEATH

Martha S. Arringdale
Town North East County Cecil

MARYLAND

Died at Date of death 1907 Oct 25 Age 68 Months 7 Days 9

Sex Female Color or Race White Birth-place Cecil Co Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mrs Arringdale

Father's Name Jeremiah C. Ford Father's Birthplace Md

Mother's Maiden Name Sophia Mauldin Mother's Birthplace Md

Name of person giving information Jerr F Arringdale How related to deceased Son

CAUSES OF DEATH

91

Primary Bronchitis & Cardiac Complication How long 3 Yrs:-
Immediate Rheumatism How long

Are the name, age, sex, color, date and place correctly given above? Yes

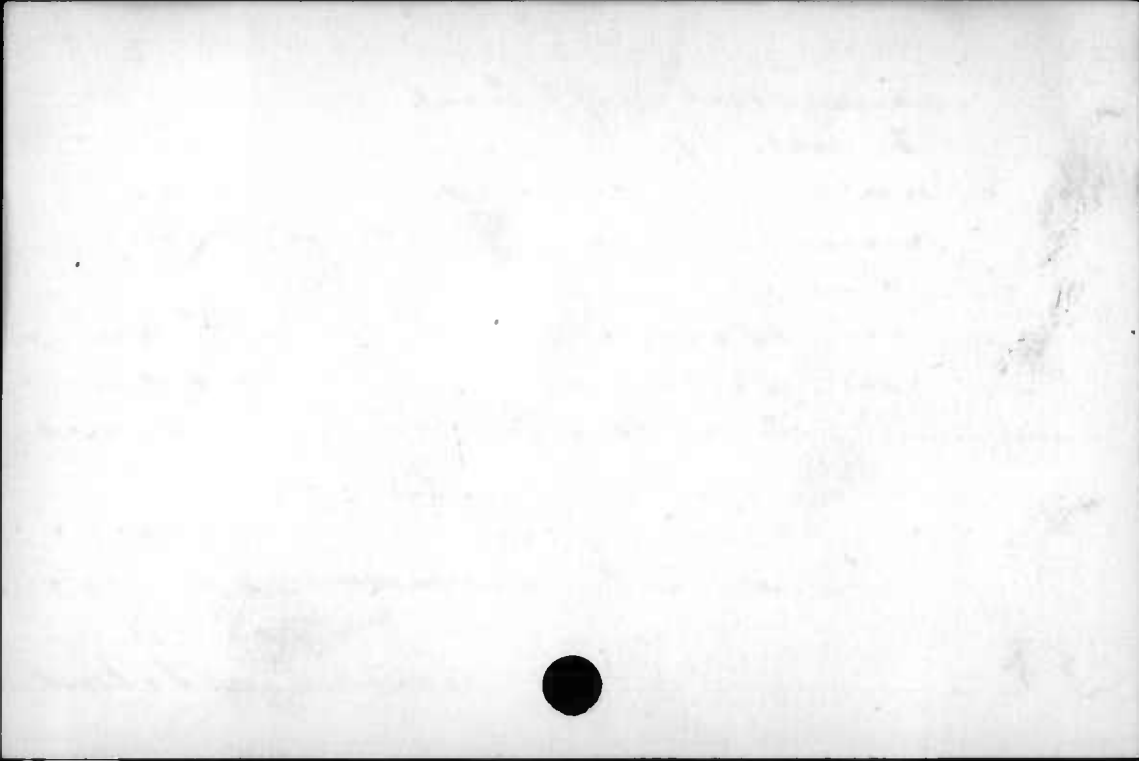
Signature of Physician Thos. A. Morrall

Address North East

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		John Bailey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Cherry Hill</i>		County <i>Cecil</i>		MARYLAND	
	Date of death	<i>1907</i>	Month <i>Dec.</i>	Day <i>18</i>	Age <i>65</i>	Months	Days
	Sex	<i>Male</i>		Color or Race	<i>Colored.</i>		Birth-place
	Occupation	<i>Farm Laborer.</i>		Where Residing if not at place of death <i>Alms House</i>			
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			
	Father's Name	<i>No Known</i>				Father's Birthplace	<i>No Known</i>
	Mother's Maiden Name	<i>No Known</i>				Mother's Birthplace	<i>No Known</i>
	Name of person giving information	<i>John Mahoney</i>				How related to deceased	<i>No related</i>
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">36</div>							
PHYSICIAN OR CORONER	Primary	<i>Syphilis</i>				How long	<i>5 years.</i>
	Immediate	<i>Parglysis & Syphilitic Men.</i>				How long	<i>4 weeks.</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>		Signature of Physician <i>Chas. J. Miller,</i>		
					Address <i>North East, Md.,</i>		
	Accident or Suicide?						

161



Name
In
Full

Edward Russell Cherry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Principis* ^{Town} *Case* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *10* ^{Day} *26* ^{Age} *2* ^{Years} *10* ^{Months} *15* ^{Days}

Sex *male* Color or Race *wh* Birth-place *Principis*

Occupation _____ Where Residing if not at place of death _____

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband _____

Father's Name *Franck Cherry* Father's Birthplace *Penn*

Mother's Maiden Name *Mary Worthington* Mother's Birthplace *do*

Name of person giving information *Mary Cherry* How related to deceased *Mother*

CAUSES OF DEATH

(175)

PHYSICIAN
OR CORONER

Primary *Lomain Poisoning from Candy* How long *7 days*

Immediate *Heart failure from Blood Poim* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Geo. S. Darr*

Address *Principis*

Accident or Suicide? *MX*



CERTIFICATE OF DEATH



Name
in
Full

Sarah Emily Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

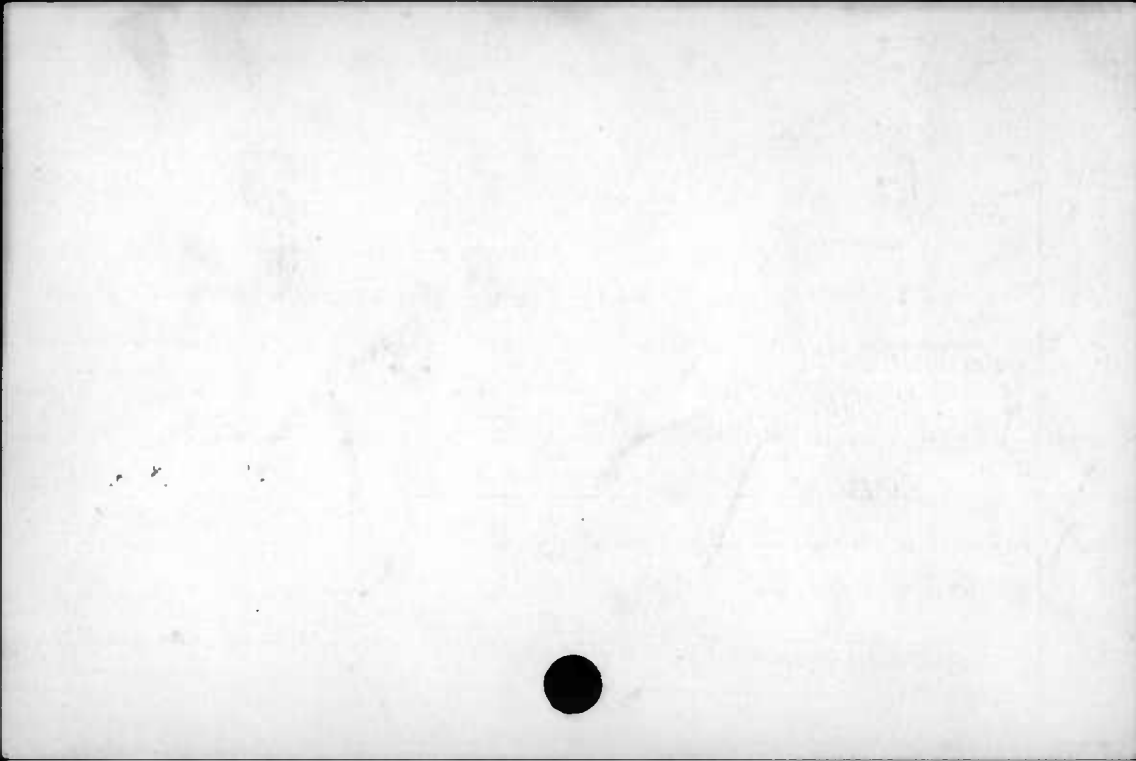
Died at <i>Rock Springs</i> ^{Town}		<i>Beckie</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>10</i> ^{Month}	<i>22</i> ^{Day}	<i>36</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Penna</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>			
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>John Dorsey</i>			
Father's Name <i>John Lemon</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Jane Smith</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Rebecca Dorsey</i>		How related to deceased <i>Sister daughter</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>One year</i>
Immediate <i>Marathon & Exhaustion</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Jones</i>
	Address <i>Rising Sun</i>
Accident or Suicide?	



Name
in
Full

Benjamin S. Flounders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Linds		County Cecil		MARYLAND	
Date of death		1907	Month Oct	Day 26	Age 75	Months 10	Days
Sex		Male		Color or Race white		Birth-place Pennsylvania	
Occupation		Retired Farmer		Where Residing if not at place of death			
Married, Single or Widowed		Widower		Name of Wife or Husband Eliza Jane Lynch			
Father's Name		Nathaniel Flounders		Father's Birthplace Pennsylvania			
Mother's Maiden Name		Sarah Sargent		Mother's Birthplace Do not know			
Name of person giving information		Anna Vanzant		How related to deceased Daughter			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	5 days
Immediate	Coming	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. J. Carner M.D.	
Address		Cherry Hill, Md.	
Accident or Suicide?			

881



Name
in
full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

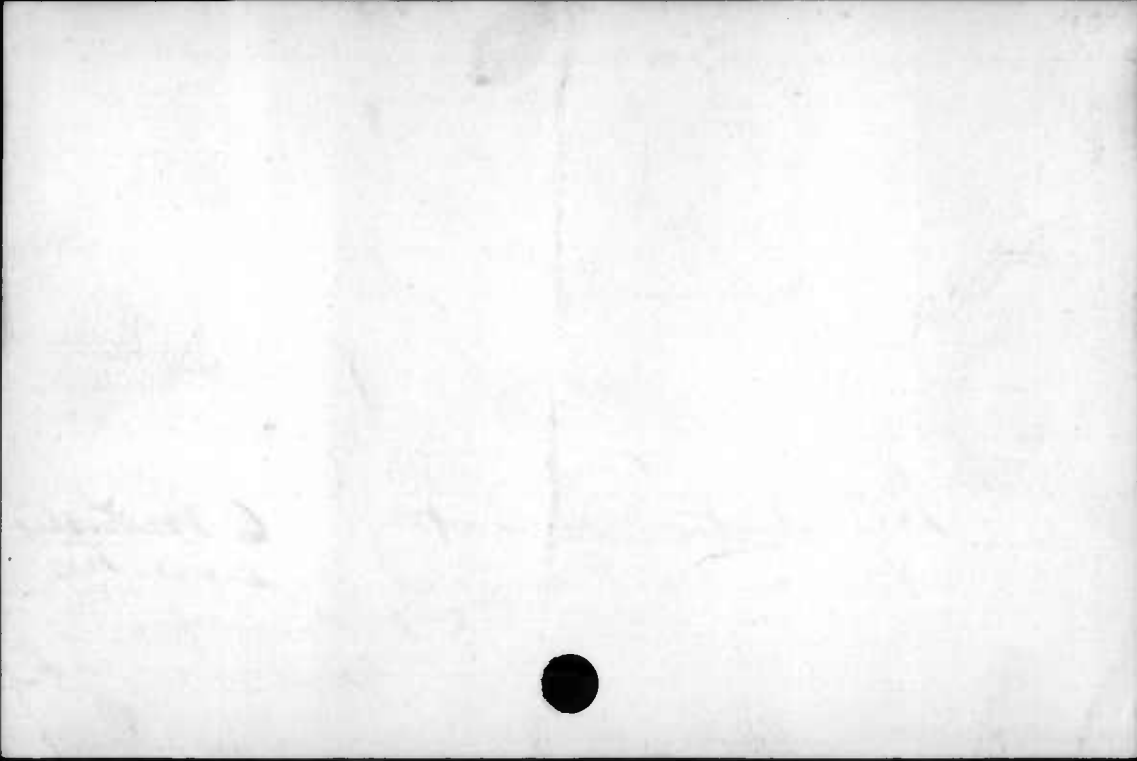
Name in full <i>John Flynn</i>				County <i>Calvert</i>		TOWN <i>Near Beccittown</i>		MARYLAND	
Died at <i>Near Beccittown</i>		Month <i>Oct</i>		Day <i>27</i>		Age <i>67</i>		Months <i>x</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Georganna Flynn</i>							
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>							
Mother's Maiden Name <i>Not</i>		Mother's Birthplace							
Name of person giving information <i>Georganna Flynn</i>		How related to deceased <i>wife</i>							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>		How long <i>6 months</i>	
Immediate <i>Bronchitis Pneumonia</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. H. Crawford</i>	
		Address <i>Cecilville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

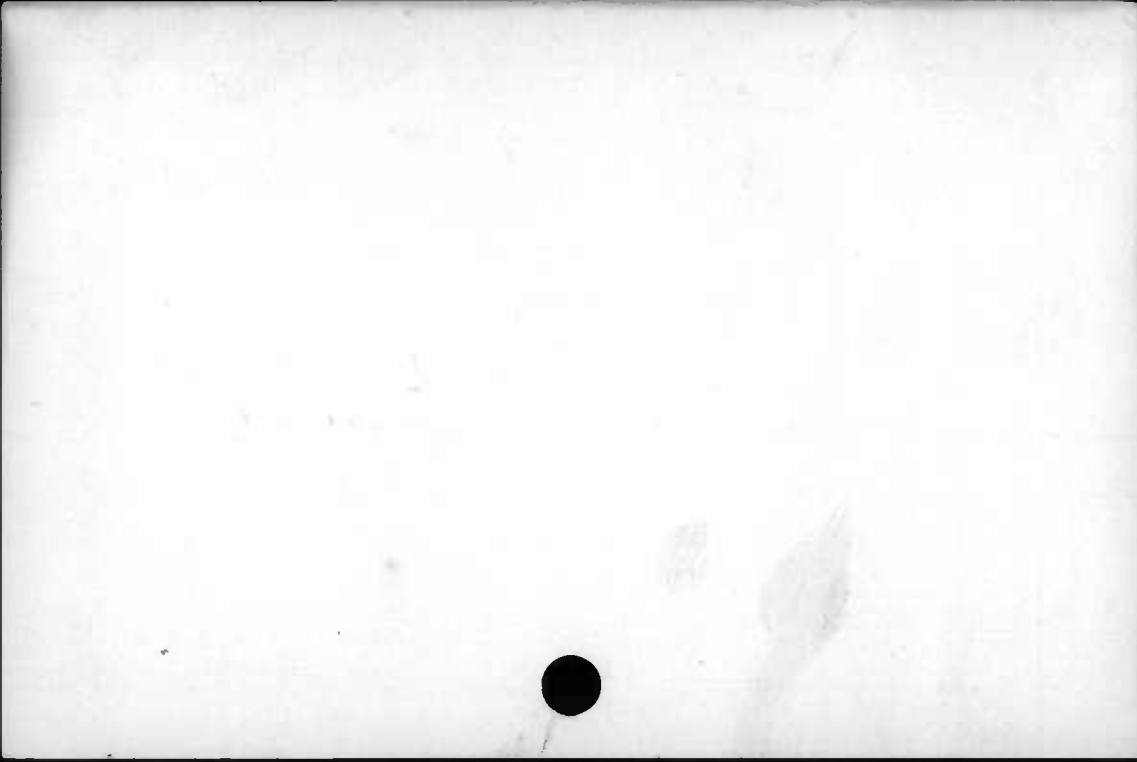
Died at <i>North East</i>		Town <i> Cecil </i>		County		MARYLAND	
Date of death <i>1907 Oct 19</i>		Month <i>19</i>		Day <i>19</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>North East</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>John Ford</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Simpson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Lenna Virginia Tinsdale</i>		How related <i>Daughter</i>					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>Several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. H. H. H. H. H.</i>
	Address <i>N. Room</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

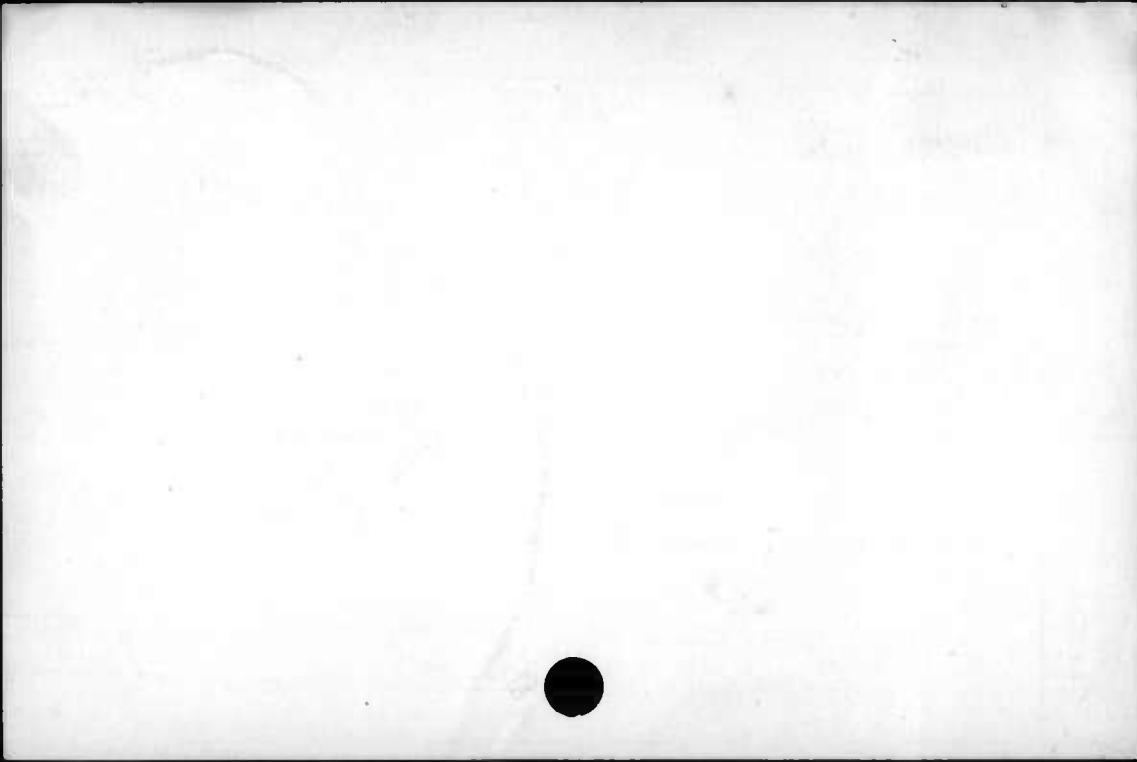
Died at <i>Port Deposit -</i> Town		<i>Cecil</i> County		MARYLAND	
Date of Death	1907	Month	Oct	Day	28
Sex	Male	Color or Race	White	Birthplace	Port Deposit
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Oscar Frost</i>		Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name	<i>Ella W McSowell</i>		Mother's Birthplace " "		
Name of person giving information	<i>Oscar Frost</i>		How related to deceased <i>Frost</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Embolism</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. C. Clemens</i>
		Address	<i>Port Deposit Md</i>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

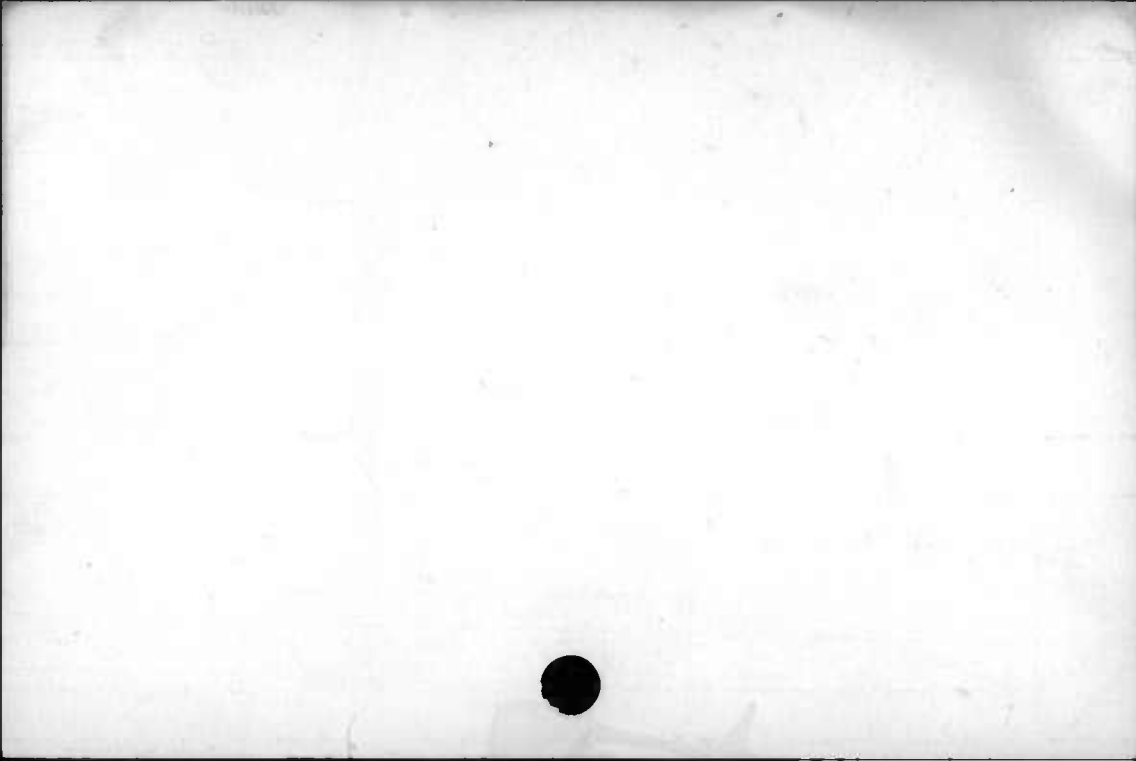
Died at <i>Chesapeake City</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Octo.</i>	Day <i>19</i>	Age <i>—</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Chesapeake City</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clinton Fry</i>		Father's Birthplace <i>Chesapeake City Md.</i>			
Mother's Maiden Name <i>Mary Robinson</i>		Mother's Birthplace <i>New Jersey</i>			
Name of person giving information <i>Clinton Fry</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 months</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Clinton O. Lutz, M.D.</i>
	Address <i>Chesapeake City</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John H. Gallaher,
Town Elkton3 Dist
County CecilDied at
Date of death 1907 Oct 22 Age 65 Months 10 Days -

Sex Male Color or Race White Birth-place Maryland

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife Clara H. Gallaher

Father's Name Moses Gallaher Father's Birthplace Maryland

Mother's Maiden Name Lydia Hornley Mother's Birthplace Maryland

Name of person giving information Clara H. Gallaher How related to deceased Wife

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Enteritis (Probably Tubercular) How long 6 mos ?

Immediate Exhaustion from Diarrhoea How long One week

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician Howard Braxton

Address Elkton Md

Accident or Suicide?

681



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Infant - Keesey* *Perryville* *Chesil*
Town CountyDate of death *1907* *Oct -* *11* Age *24* *hours*
Month Day Years Months DaysSex *Male* Color or Race *White* Birth-place *Perryville*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Wm Keesey* Father's Birthplace *Pa*Mother's Maiden Name *Alice Harbarger* Mother's Birthplace *Ind*Name of person giving information *Wm Keesey* How related to deceased *Father*

CAUSES OF DEATH

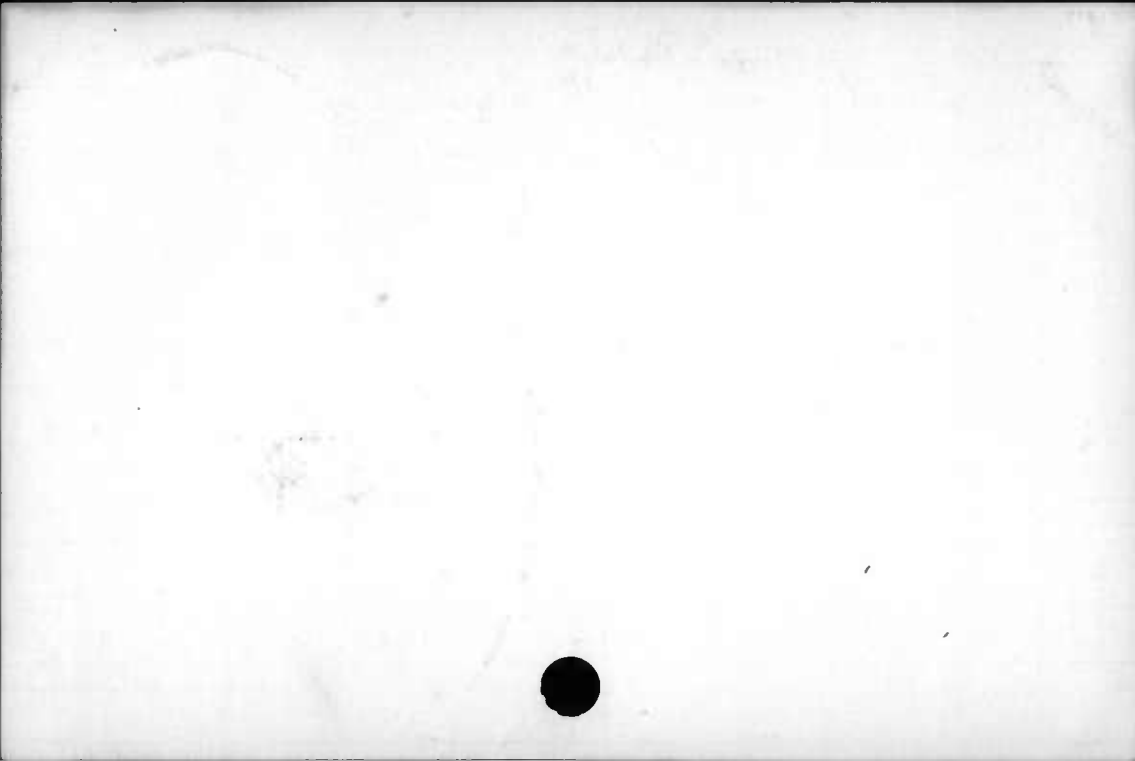
130Primary *Con genital before birth* How long *2 days*

Immediate _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. M. Stung*Address *Perryville Ind*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

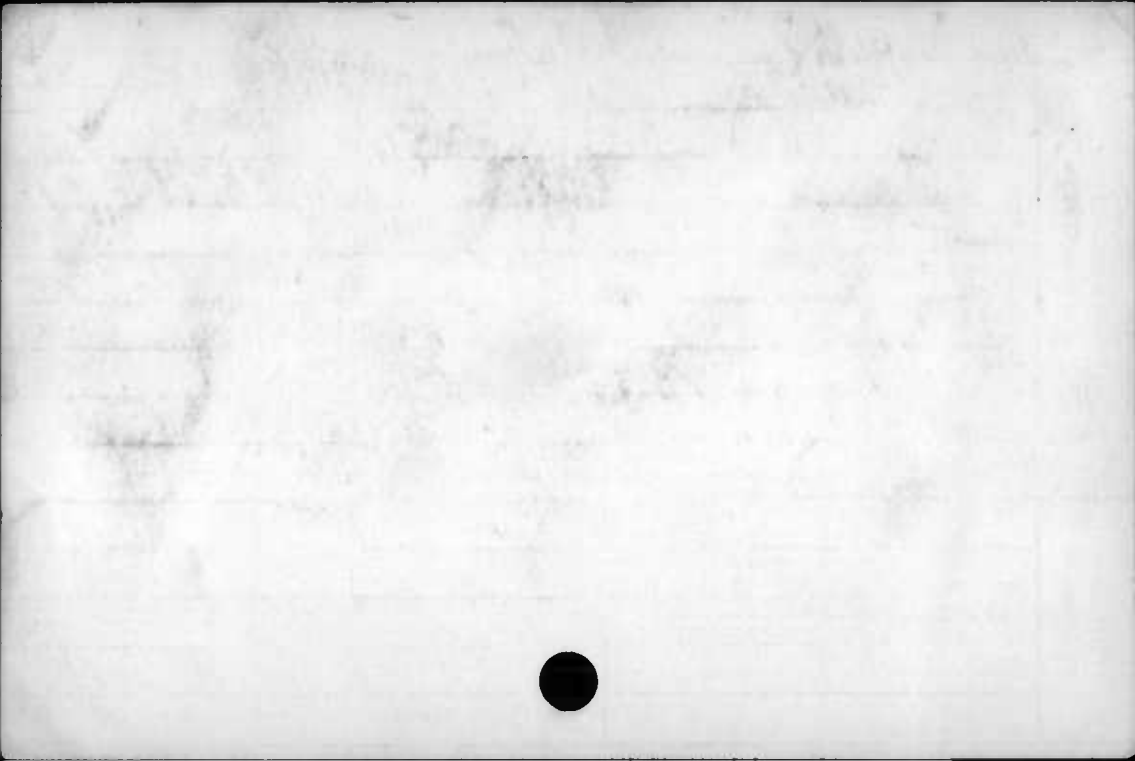
Died at		Town		County		STATE	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	my knowledge 2 weeks
Immediate	Nephritis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Oscar W. McMullin

Town

Perryville

County

Cecil

MARYLAND

Date

of death 190

Month

7 Oct-

Day

16-

Age

Years

27

Months

4

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Perryville Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Oscar W. McMullin

Father's
Birthplace

Perryville Md

Mother's
Maiden Name

Agnes A. Richardson

Mother's
Birthplace

" "

Name of person giving
In formation

Oscar W. McMullin

How related
to deceased

Father

CAUSES OF DEATH

157

Primary

In asssition

How long

from birth

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Geo. W. King
Perryville Md

Accident or Suicide?



Name
in
Full

Leri Mumford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

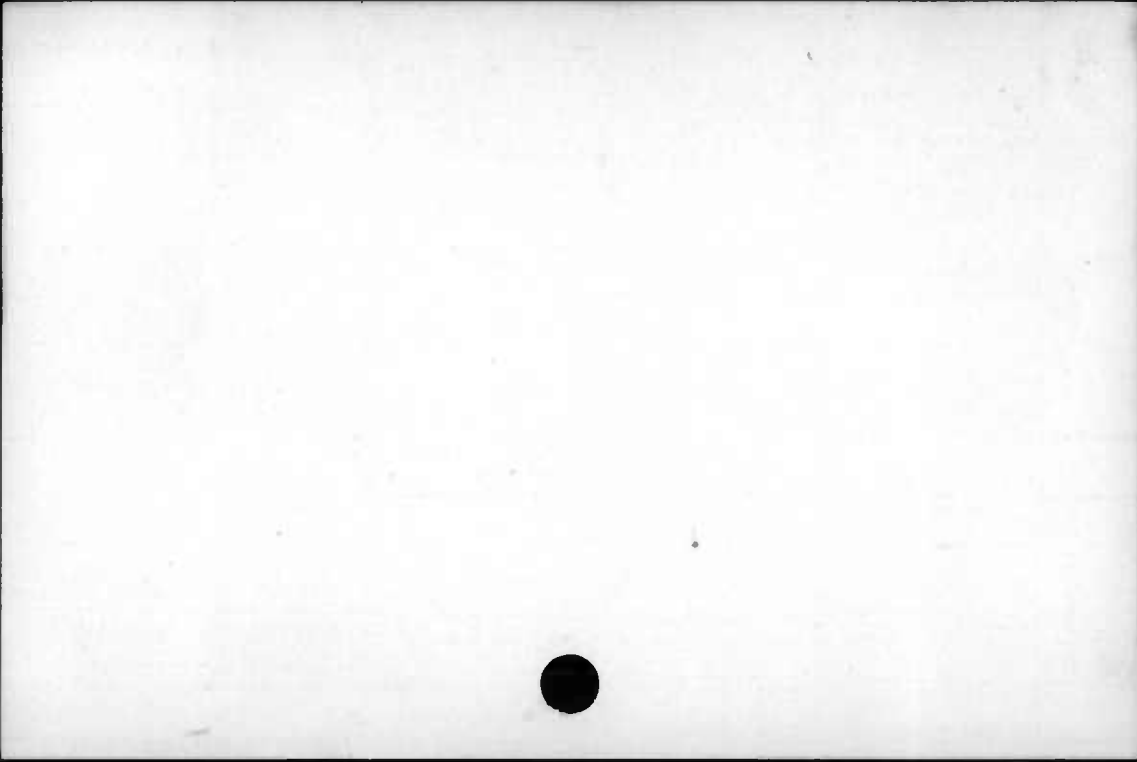
Died at <i>Town Point</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	4
Age	58	Years		Months	
Sex	male	Color or Race	white	Birth-place	Snow Hill, Md
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Benjamin Mumford			Father's Birthplace	
Mother's Maiden Name	Lannie Fillingham			Mother's Birthplace	
Name of person giving information	J. C. Suffer			How related to deceased	
			None		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>3 yrs</i>
Immediate	<i>Cardiac overexertion</i>	How long	<i>half hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. C. Suffer, M.D.</i>
		Address	<i>Chesapeake City, Md</i>
Accident or Suicide?			



Name
in
Full

William Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rising Sun ^{Town} 6 ^{County} ecil MARYLAND

Date of death 1907 ^{Month} 16 ^{Day} 21 ^{Years} 69 ^{Months} 9 ^{Days}

Sex male Color or Race white Birth place Penna

Occupation Brick Layer Where Residing if not at place of death ✓

Married, Widowed Name of Wife or Mary E. Suter
Husband

Father's Name Solomon Parson Father's Birthplace Penna

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information Mary E. Parson How related to deceased wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

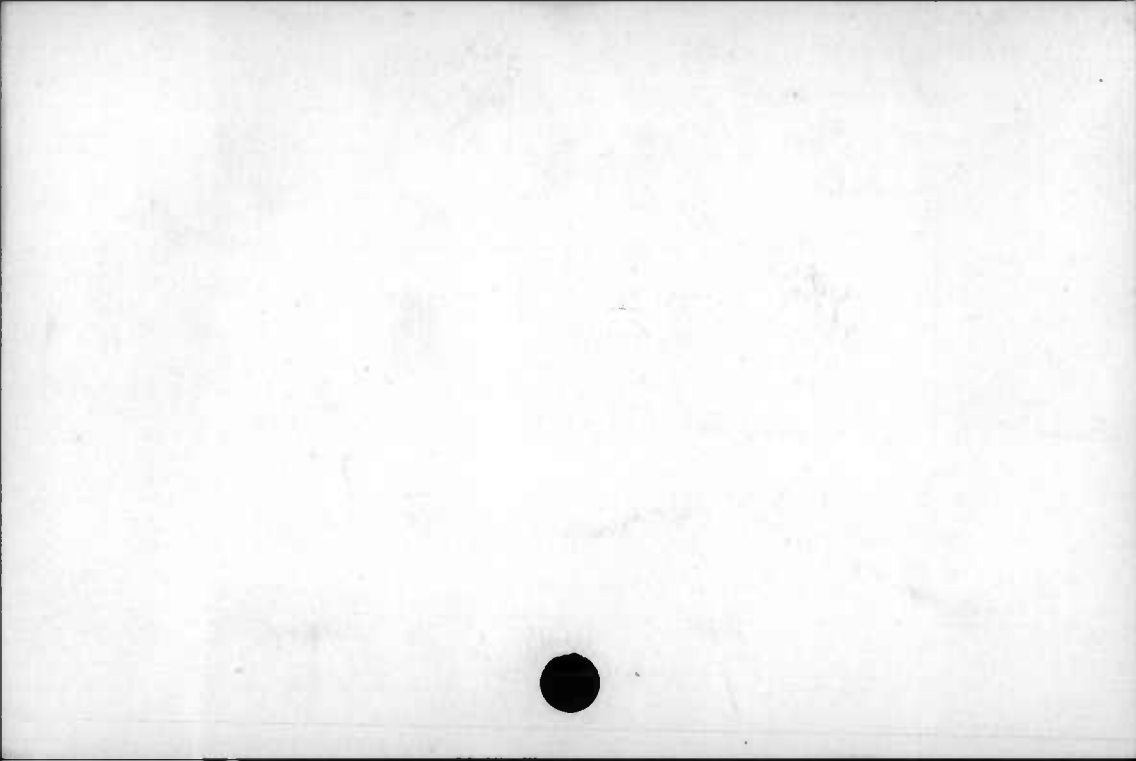
Primary Valvular Disease of heart How long Some years

Immediate Heart failure from overexertion How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Richard A. Kloss
Address Coroner of Cecil Co.
Elkton, Md.

Accident or Suicide? Accident



Name
in
Full

William Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

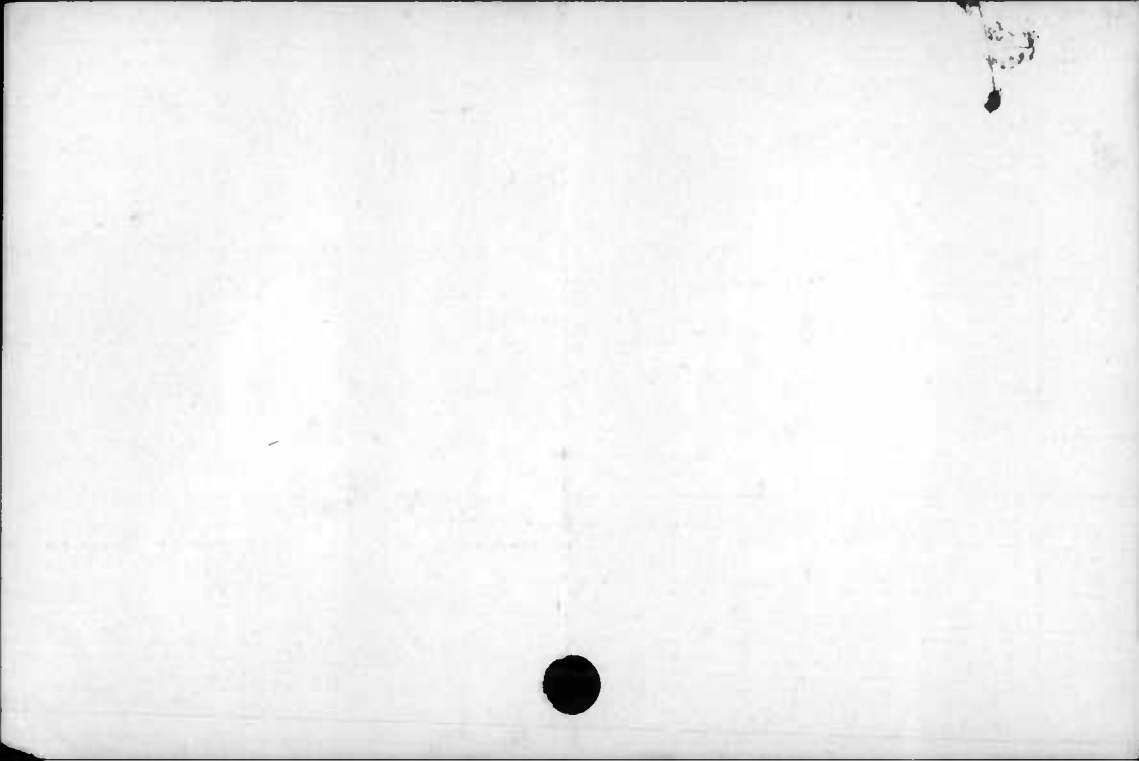
Died at Harwick ^{Town}		Leek ^{County}		MARYLAND	
Date of death	1907	Month	Oct	Day	19
Age		79		Years	0
Sex	Male	Color or Race	White American	Birth-place	Cecil Co Md
Occupation	Farmer		Where Residing if not at place of death Harwick Md		
Married, Single or Widowed	Widowed		Name of Wife or Husband Sarah Prithman		
Father's Name	John H Price		Father's Birthplace Leek Co Md		
Mother's Maiden Name	Jane Conboy		Mother's Birthplace Leek Co Md		
Name of person giving information	Sarah Price		How related to deceased Wife		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Hypertrophy of Heart	How long	Long months
Immediate	Cardiac Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J J Knight MD	
		Address Harwick Md	
Accident or Suicide?			
No			



Name
in
Full

Ester A. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>2</i>	Age <i>80</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>William Reese</i>			
Father's Name <i>Mr Bullock</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cancer of breast</i>	How long <i>One month</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>

Are the name, age, sex, color, date and place correctly given above?

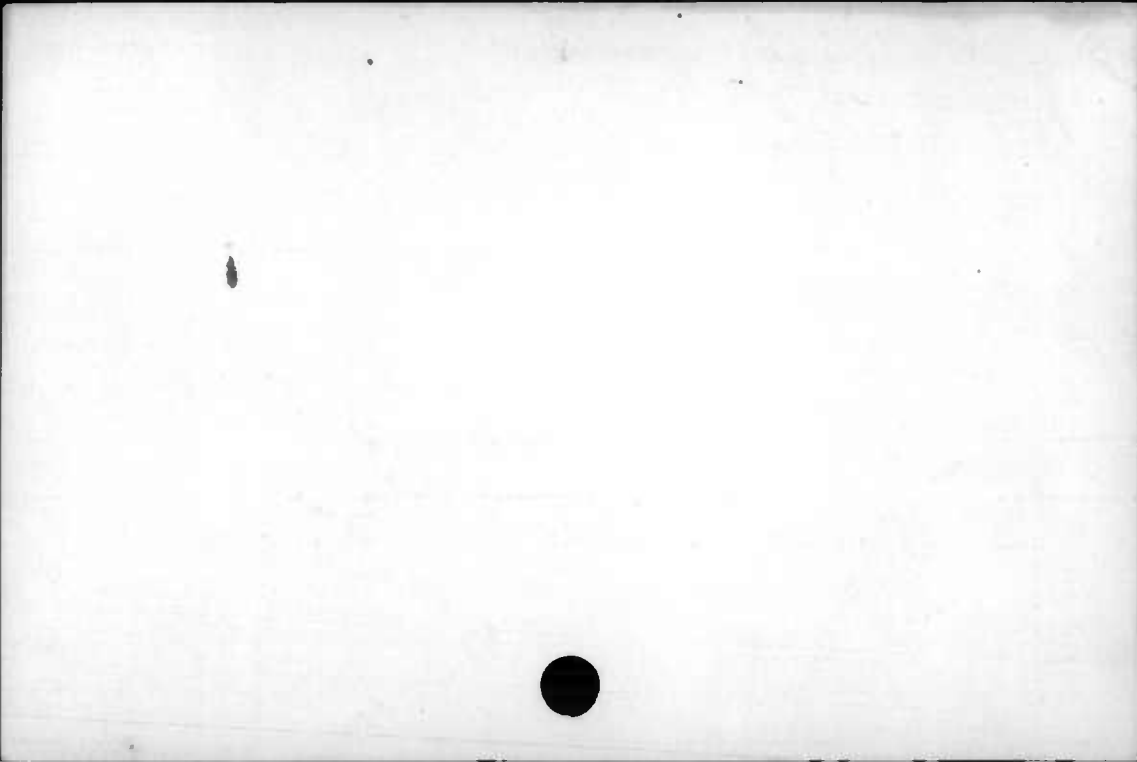
yes

Signature of Physician

Address

J. J. Conner
Chesapeake City, Md

Accident or Suicide?



Name
in
Full

Herman A. Schroeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

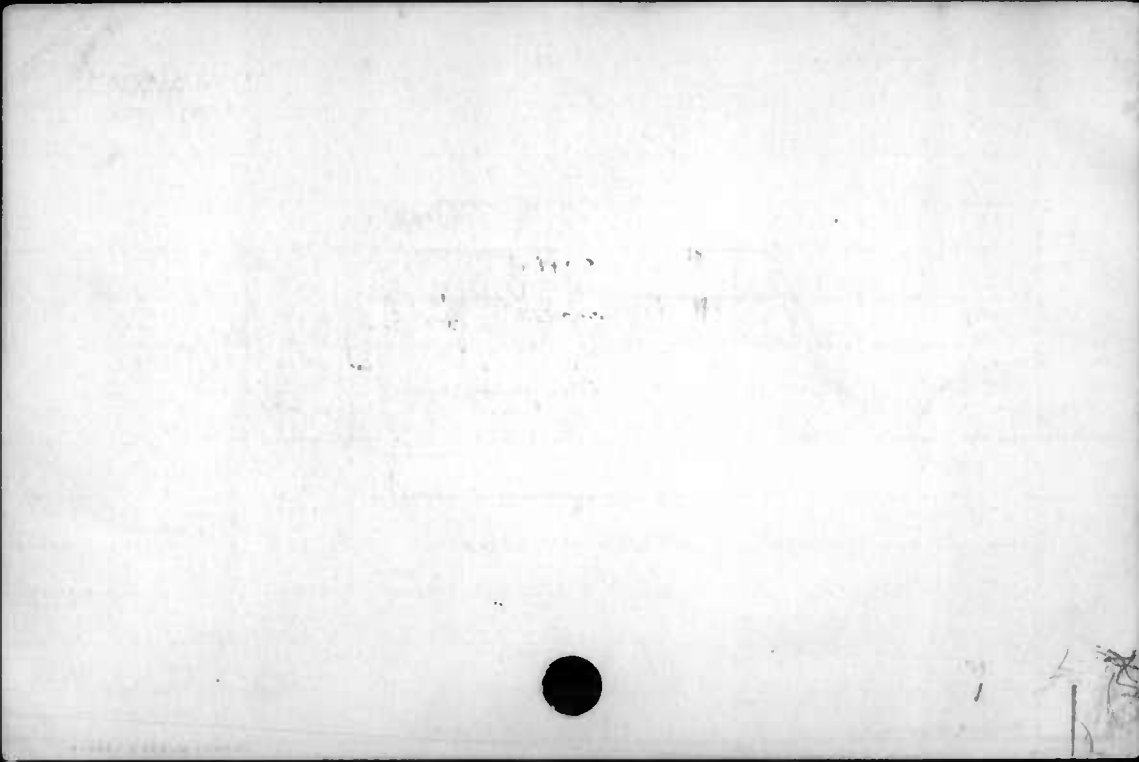
Died at <i>Picken</i> Town		County <i>Greene</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>20</i>	Age <i>25?</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Gummary</i>		
Occupation <i>Rail Road Fireman</i>	Where Residing if not at place of death <i>1904 S. Charles St. Balt.</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>O. R. Burroughs</i>	How related to deceased <i>Not related</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Killed by falling off Engine on the</i>	How long
Immediate	<i>B. & O. Rail Road</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ricketta Nelson</i>	
	Address <i>Coroner of Greene Co. Ektor, Md.</i>	
Accident or Suicide? <i>Accident</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

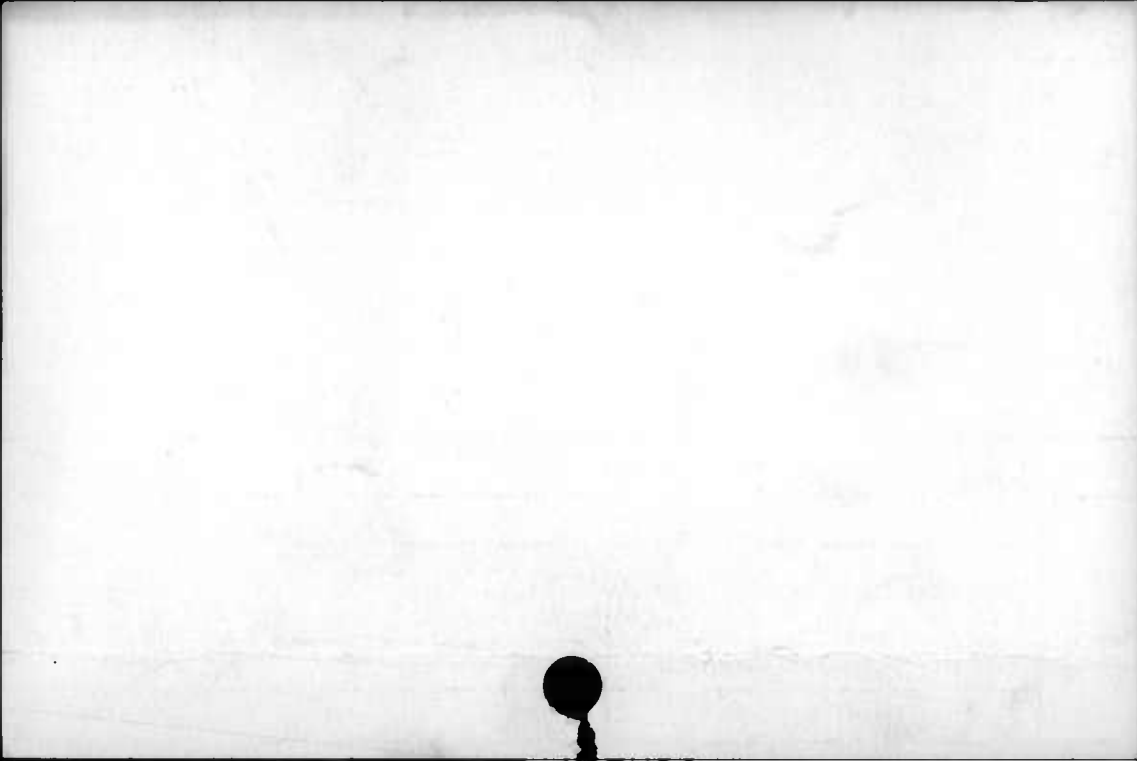
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		10	29	78		7	10
Sex	Male	Color or Race	White	Birth-place	Ecclil Co Md		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Emily Simpkins				
Father's Name	Jesse H. Simpkins				Father's Birthplace Ecclil Co Md		
Mother's Maiden Name	Jane Miller				Mother's Birthplace " " "		
Name of person giving information	Samuel T. Simpkins				How related to deceased Son		

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary	General Debility	How long	1 year
Immediate	Toxemia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		W. Rous	
		Mud	



Name
In
Full

William H. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Elkhart</i>		County <i>Lucas</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	10
Age	62	Years		Month	
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Bookkeeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Anne Smith		
Father's Name	Daniel Smith		Father's Birthplace	Ind	
Mother's Maiden Name	Mary Ross		Mother's Birthplace	Ind	
Name of person giving information	Smith		How related to deceased	Wife	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONERPrimary *Arterio Sclerosis* How long *Several yrs.*Immediate *Acute Bronchitis* How long *8 wks*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Arthur Mitchell M.D.
Elkhart Ind

Accident or Suicide?



Name
in
Full

Mary C Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

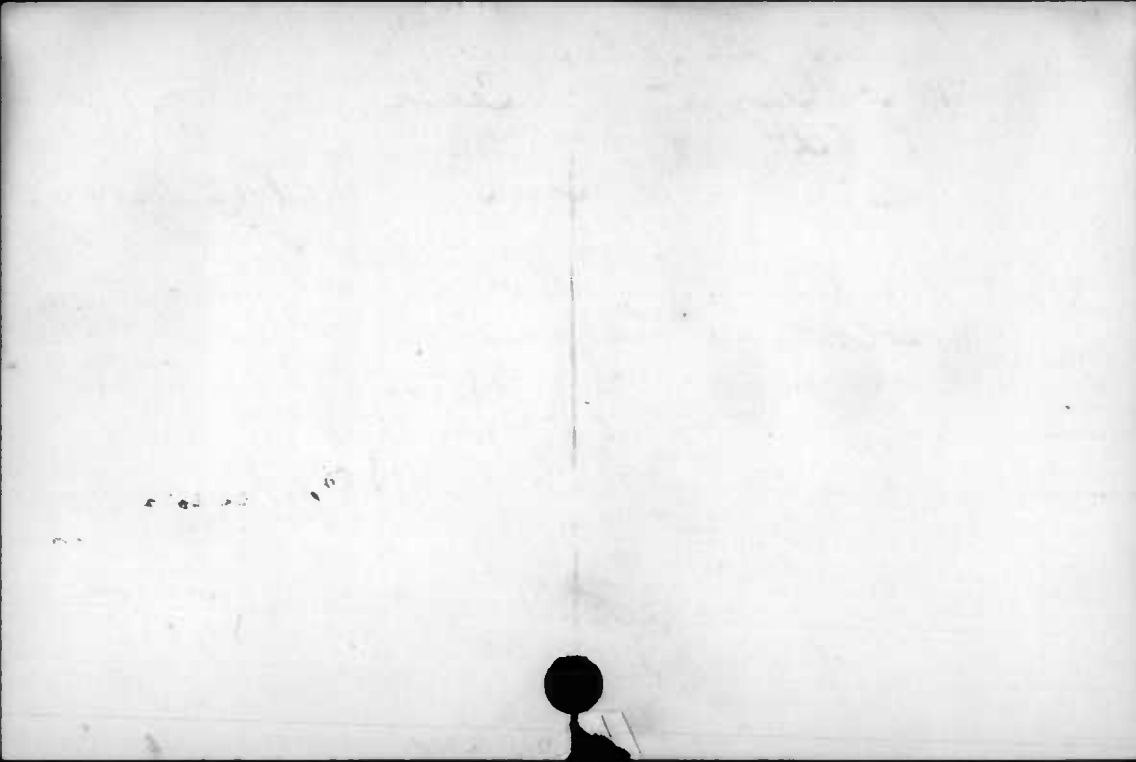
Died at <i>Harrisville Md</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>23</i>	Years <i>26</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Wife</i>			Where Residing if not at place of death <i>Harrisville</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Abraham Snyder</i>				
Father's Name <i>James Cook</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Laura Stone</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>Abram Snyder</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Puerperal Septicemia</i>	How long <i>3 Months</i>
Immediate <i>Suppose Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr Geo. S. Barr</i>
<i>Dr Jack Allended this case the last 3 days</i>	Address <i>Riding Sun Md</i>
Accident or Suicide? <i>7</i>	



Name
In
Full

Rufus Tildon

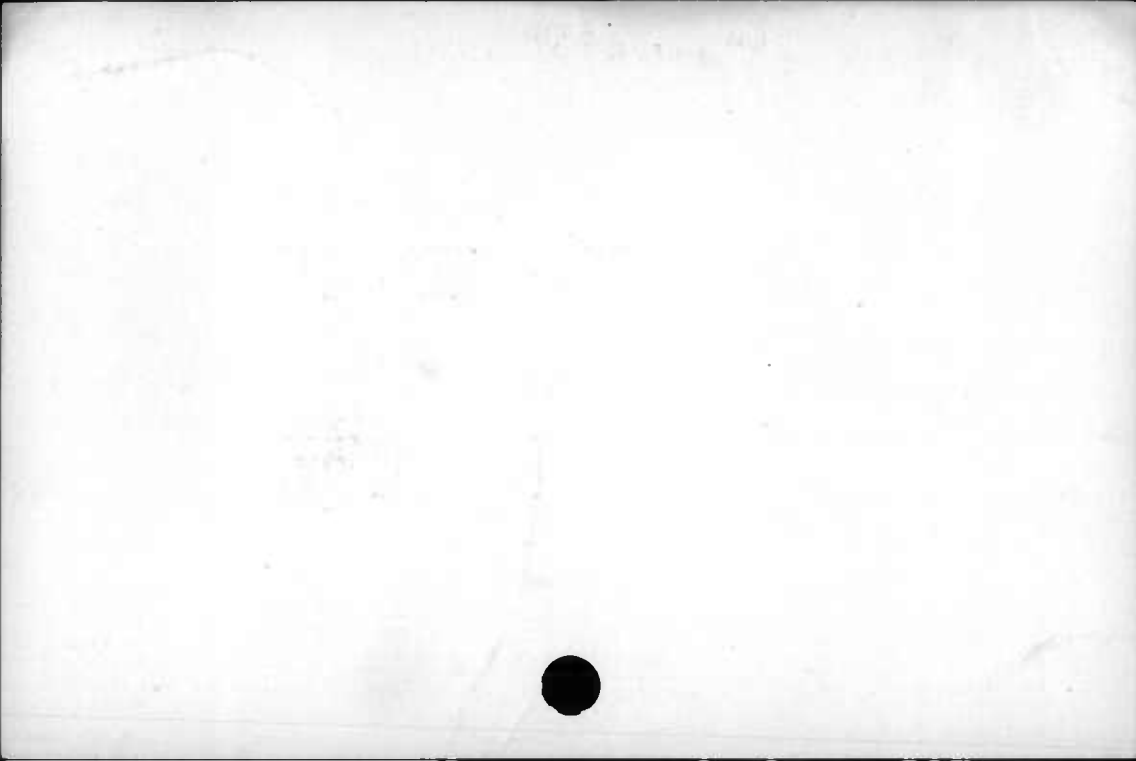
CERTIFICATE OF DEATH

Died at <i>Port-Deposit-</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	1907	Month	<i>Oct-</i>	Day	4	Age	33
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Port-Deposit-</i>			
Where Residing if not at place of death <i>not any</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Martha Wallace</i>		Father's Name <i>Solomon Tildon</i>		Father's Birthplace <i>Harford Co Md</i>	
Mother's Maiden Name <i>Charlotte Thomas</i>		Mother's Birthplace <i>Baltimore Md</i>		Name of person giving information <i>Ella Thomas</i>		How related to deceased <i>sister</i>	

CAUSES OF DEATH

27

Primary	<i>Croupy Phthisis</i>	How long	<i>3 months</i>
Immediate	<i>Erythema toxicum</i>	How long	<i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. D. Channon</i>	
		Address <i>Port Deposit Md</i>	
Accident or Suicide?			



Name
in
Full

Sophia Covington Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Andover Town Cecil County MARYLAND

Date of death: 1907 Dec 1 Age 82 Months 7 Days —

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Levi Todd

Father's Name John Scott Father's Birthplace Georgia

Mother's Maiden Name Margaret Berkhart Mother's Birthplace Pennsylvania

Name of person giving information Sewall B. Scott How related to deceased Brother

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Asthma How long 4 weeks

Immediate Dilated Heart How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician O. J. Carrico M.D.

Address Cherry Hill, Md.

Accident or Suicide? —

281



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *John N. Walbert*
Town *North East* County *Cecil*

Died at *North East*
Date of death 1907 Month *10* Day *14 or 15* Age *36* Years

Sex *male* Color or Race *white* Birthplace *Penna*

Occupation *mill wright* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Anna Walbert*

Father's Name *David Walbert* Father's Birthplace *Penn*

Mother's Maiden Name *Sarah Mauer* Mother's Birthplace *Penn*

Name of person giving Information *Chas A Walbert* How related to deceased *brother*

CAUSES OF DEATH

Primary *159* How long ☒

Immediate *Pistol shot through Brain* How long

Are the name, age, sex, color, date and place correctly given above?

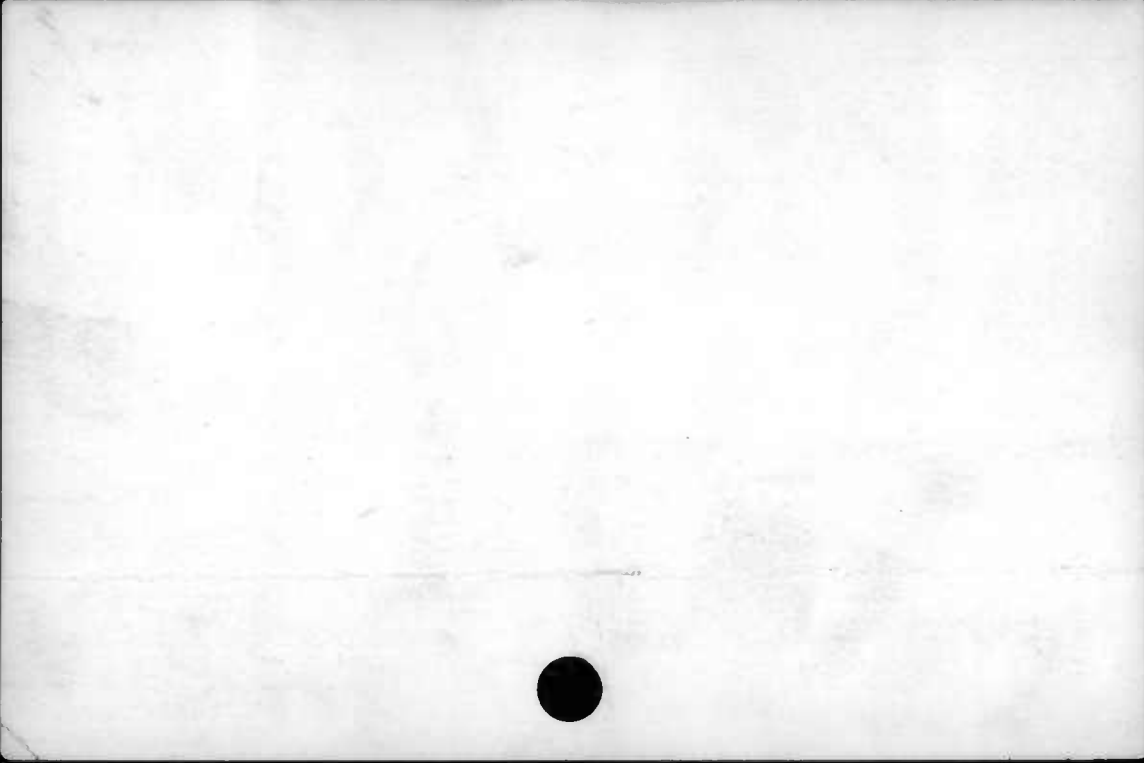
Signature of Physician

Address

James Frazer
Easton Md

Accident or Suicide *Suicide*

PHYSICIAN
OR CORNER



Name
in
Full

Alice Lucile Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
C Charlestown		Cecil		Cecil		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		October	fifteen	0		1	27
Sex	Female		Color or Race	White		Birth-place	C Charlestown
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name		John L. Ward				Father's Birthplace	
Mother's Maiden Name		Mary Elsie Colver				Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Acute Gastro-Enteritis	How long	11 days
Immediate	Coma	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. A. Cantwell, M.D.	
Address		C Charlestown, Maryland	
Accident or Suicide?			

